

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------------------|------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|----------|--------------------------|-------|--------------------------|-----------------------------------|--------------------------|-------------|--------------------------|------------|--------------------------|-------|-------------------|-----------------|----------|
| 1 Date of Request: _____ | | 2 Serial/Patent # <u>10/017615</u> | | | | | | | | | | | | | | | | | | | | | |
| 3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Filing</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td></tr> </table> | <input checked="" type="checkbox"/> | Filing | <input type="checkbox"/> | Amendment | <input type="checkbox"/> | Extension of Time | <input type="checkbox"/> | Notice of Appeal/Appeal | <input type="checkbox"/> | Petition | <input type="checkbox"/> | Issue | <input type="checkbox"/> | Cert of Correction/Terminal Disc. | <input type="checkbox"/> | Maintenance | <input type="checkbox"/> | Assignment | <input type="checkbox"/> | Other | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| <input checked="" type="checkbox"/> | Filing | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Amendment | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | Petition | | | | | | | | | | | | | | | | | | | | | | |
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| 7 TOTAL AMOUNT OF REFUND | | \$ 100 | | | | | | | | | | | | | | | | | | | | | |
| 8 TO BE REFUNDED BY: | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> 10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Overpayment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table> </div> <div style="width: 45%;"> Treasury Check Credit Deposit A/C #: <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 10%;">9</td> <td style="width: 10%;">1</td> <td style="width: 10%;">5</td> <td style="width: 10%;">--</td> <td style="width: 10%;">0</td> <td style="width: 10%;">0</td> <td style="width: 10%;">3</td> <td style="width: 10%;">0</td> </tr> </table> </div> </div> | | | | <input checked="" type="checkbox"/> | Overpayment | <input type="checkbox"/> | Duplicate Payment | <input type="checkbox"/> | No Fee Due (Explanation): | 9 | 1 | 5 | -- | 0 | 0 | 3 | 0 | | | | | | |
| <input checked="" type="checkbox"/> | Overpayment | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Duplicate Payment | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | | | | | | | | | | | | | | |
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| 11 REFUND REQUESTED BY: | | | | | | | | | | | | | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>A JOHNSON</u> | | TITLE: <u>paralegal</u> | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>308-9140</u> | | | | | | | | | | | | | | | | | | | | | |
| OFFICE: <u>PCJ</u> | | | | | | | | | | | | | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | | | | | | | | | | | | | |
| APPROVED: _____ | | DATE: _____ | | | | | | | | | | | | | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: